

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |                 |          |  |  |    |  |  |  |
|--|-----------------------------------|---|-----------------|----------|--|--|----|--|--|--|
| 1 Date of Request: <u>5/31/06</u>  |                                   | 2 Serial/Patent # <u>10/552022</u>  |                 |          |  |  |    |  |  |  |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER NUMBER  | 5 DATE FILED    | 6 AMOUNT |  |  |    |  |  |  |
|  | Filing                            |   |                 | \$       |  |  |    |  |  |  |
|  | Amendment                         |   |                 | \$       |  |  |    |  |  |  |
|  | Extension of Time                 |   |                 | \$       |  |  |    |  |  |  |
|  | Notice of Appeal/Appeal           |   |                 | \$       |  |  |    |  |  |  |
|  | Petition                          |   |                 | \$       |  |  |    |  |  |  |
|  | Issue                             |   |                 | \$       |  |  |    |  |  |  |
|  | Cert of Correction/Terminal Disc. |   |                 | \$       |  |  |    |  |  |  |
|  | Maintenance                       |   |                 | \$       |  |  |    |  |  |  |
|  | Assignment                        |   |                 | \$       |  |  |    |  |  |  |
|  | Other                             |   |                 | \$       |  |  |    |  |  |  |
| 7 TOTAL AMOUNT OF REFUND   |                                   |   | \$ <u>50.00</u> |          |  |  |    |  |  |  |
| 8 TO BE REFUNDED BY:   |                                   |   |                 |          |  |  |    |  |  |  |
| 10 REASON:   |                                   | <input checked="" type="checkbox"/> Treasury Check<br><input type="checkbox"/> Credit Deposit A/C #:  |                 |          |  |  |    |  |  |  |
|  | Overpayment                       | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> |                 |          |  |  | -- |  |  |  |
|  |                                   | --  |                 |          |  |  |    |  |  |  |
|  | Duplicate Payment                 |   |                 |          |  |  |    |  |  |  |
|  | No Fee Due (Explanation):         |   |                 |          |  |  |    |  |  |  |
|  |                                   |   |                 |          |  |  |    |  |  |  |
|  |                                   |   |                 |          |  |  |    |  |  |  |
|  |                                   |   |                 |          |  |  |    |  |  |  |
| <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input checked="" type="checkbox"/> </div> <div style="font-size: 2em; font-weight: bold;">completed</div> </div> |                                   |   |                 |          |  |  |    |  |  |  |
| 11 REFUND REQUESTED BY:  |                                   |   |                 |          |  |  |    |  |  |  |
| TYPED/PRINTED NAME: <u>Shakeel Ahmed</u>   |                                   | TITLE: _____  |                 |          |  |  |    |  |  |  |
| SIGNATURE: <u>[Signature]</u>  |                                   | PHONE: <u>703-208-1909</u>  |                 |          |  |  |    |  |  |  |
| OFFICE: <u>DO/E0</u>   |                                   |   |                 |          |  |  |    |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****  |                                   |   |                 |          |  |  |    |  |  |  |
| APPROVED: <u>[Signature]</u>   |                                   | DATE: <u>5-31-06</u>  |                 |          |  |  |    |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PATENT APPLICATION SERIAL NO. 10/552022

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

10/17/2005 GFREY1 00000067 10552022

|                                     |           |
|-------------------------------------|-----------|
| 01 FC:2631                          | 150.00 OP |
| 02 FC:2632                          | 250.00 OP |
| 03 FC:2633 SAHNE1 00000004 10552022 | 100.00 OP |
| 04 FC:2616                          | 180.00 OP |
| 01 FC:1206                          | 50.00 OP  |

05/31/2006 SAHNE1 00000003 10552022  
10/17/2005 GFREY1 00000067 10552022  
02 FC:2632 -250.00 OP

05/31/2006 GFREY1 00000067 10552022  
05/31/2006 SAHNE1 00000004 10552022  
01 FC:1206 -50.00 OP

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